

RECEIVED
CENTRAL FAX CENTER

AUG 12 2005

KELLEY

DRYE

FACSIMILE TRANSMISSION

TO

FIRM

United States Patent and Trademark Office

CITY

Alexandria

FAX

703-872-9306

PHONE

NO. OF PAGES

2 (including this page)

DATE

August 12, 2005

KELLEY DRYE & WARREN LLP
TWO STAMFORD PLAZA
281 TRESSER BOULEVARD
STAMFORD, CONNECTICUT
06901-3229
(203) 324-1400
FAX (203) 327-2669MESSAGE: Re: U.S. Patent No. 08/842,680

Please find attached a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address with reference to the above identified U.S. Patent Application.

FROM

Thelma A. Chen Cleland

PHONE

(203) 351-8063

E-MAIL

tchencleland@kelleydrye.com

TIMEKEEPER ID

05236

CLIENT NO.

090005-0000 - ACIM-102(US)

NEW YORK, NY
WASHINGTON, DC
TYSONS CORNER, VA
CHICAGO, IL
STAMFORD, CT
PARSIPPANY, NJ
BRUSSELS
AFFILIATE OFFICES
JAKARTA
MUMBAI

IF PROBLEMS OCCUR DURING TRANSMISSION PLEASE CALL (203) 324-1400.

The information contained in this facsimile message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery to the intended recipient, you are hereby notified that any use, copying, disclosure or dissemination of this communication may be subject to legal restriction or sanction.

**RECEIVED
CENTRAL FAX CENTER**

AUG 12 2005

PTO/SB/92 (04-05)

Approved for use through 11/30/2005. OMB 0551-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/842,680
	Filing Date	April 15, 1997
	First Named Inventor	Amiram Steinberg
	Art Unit	3738
	Examiner Name	David J. Isabella
	Attorney Docket Number	ACIM-102(US)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

47670

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	KELLEY DRYE & WARREN LLP				
Address	TWO STAMFORD PLAZA 281 TRESSER BOULEVARD				
City	STAMFORD	State	CT	Zip	06901-3229
Country	US				
Telephone	203-324-1400	Email			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Amiram Steinberg			
Name	AMIRAM STEINBERG			
Date	JUNE 24TH 2005	Telephone	011-972-9-862-9 780	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.